

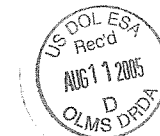
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - <input type="text"/> <i>5848</i>	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> 2004 Through: <input type="text"/> / <input type="text"/> / <input type="text"/> 2004
3. Name and address of person filing. Name <input type="text"/> <input type="text"/> <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	4. Name, file number, and address of labor organization. Name <input type="text"/> Labor Organization File Number <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>
5. Position in labor organization. <input type="text"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/10/05

Date

216-241-5930

Telephone Number

Name of Person Filing Michael Krzys	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="UFCW Local880 Retail Food Emplryrs Jt Pension"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="2828 Euclid Avenue"/></p> <p>City <input type="text" value="CLEVELAND"/></p> <p>State <input type="text" value="Ohio"/> ZIP Code + 4 <input type="text" value="44115"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> <p>Provides pension benefits to some employees and members of UFCW Local 880</p> <p style="text-align: right;">N/A</p> </div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> <p>Business Lunch</p> <p>05-17-2004 - \$23.00</p> <p>Lunch - Investment Mgr Committee Meeting</p> <p>12-09-2004 - 30.00</p> </div> <p>12.b. Amount. <input type="text" value="\$53"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 150px; margin-left: auto;"></div>

Name of Person Filing Michael Krzys

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UFCW Union-Employer H & W fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2828 Euclid Avenue

City CLEVELAND

State Ohio ZIP Code + 4 44115

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provides health benefits to some employees and members of UFCW Local 880

N/A

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Business Lunch

07-12-2004

12.b. Amount.

\$24

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Schwarzal & McNair LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 616 Penton Media Building

Street 1300 East Ninth Street

City Cleveland

State Ohio ZIP Code + 4 44114-1503

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Local 880/Food & Merc Pension Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2828 Euclid Avenue

City Cleveland

State Ohio ZIP Code + 4 44115

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Provides legal services

11.b. Approximate dollar value of such dealing.

\$266,360

12.a. Nature of interest held or income received.

Gift of six steaks

December 2004

Approximate Value

12.b. Amount.

\$80

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Duvin, Cahn & Hutton

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 20th Floor

Street 1301 East Ninth Street

City Cleveland

State Ohio ZIP Code + 4 44114

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Interested Local 880 Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2828 Euclid Avenue

City Cleveland

State Ohio ZIP Code + 4 44115

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Provides legal services

11.b. Approximate dollar value of such dealing.

\$323,446

12.a. Nature of interest held or income received.

Business Lunch

03-09-2004 - \$22.00

03-17-2004 - \$62.00

Golf

05-18-2004 - \$60.00

Basketball game w/refreshments

04-03-2004 - \$265.00

12.b. Amount.

\$409

Name of Person Filing Michael Krzys	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Medical Mutual</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2060 East Ninth Street</p> <p>City CLEVELAND</p> <p>State Ohio ZIP Code + 4 44115</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name UFCW Union-Employer H & W Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2828 Euclid Avenue</p> <p>City Cleveland</p> <p>State Ohio ZIP Code + 4 44115</p>	<p>11.a. Nature of such dealing.</p> <p>Provides health benefits and related administrative services</p> <p>11.b. Approximate dollar value of such dealing. \$1,963,447</p> <p>12.a. Nature of interest held or income received.</p> <p>Pheasant Hunt</p> <p>11-10-2004</p> <p>12.b. Amount. \$205</p>